

**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities  
and Substance Abuse Services**

**Complaints and Concerns,  
Information and Referrals,  
Investigations  
and Medicaid Appeals**

**By**

**The Customer Service and Community Rights Team**

**Advocacy and Customer Service Section**

**October to December 2004**



## **TABLE OF CONTENTS**

Glossary	3
Executive Summary	4
Introduction	6
Part I: Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals	7
Part II: Medicaid Appeal Information	26
Customer Services and Consumer Rights Team Current Developments	35

## **GLOSSARY**

AP/LME	Area Program/Local Management Entity
CAP-MR/ DD	Community Alternatives Program for Persons with Mental Retardation/ Developmental Disabilities
CSCR	Customer Service and Community Rights Team
DHHS	Department of Health and Human Services
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
LME	Local Management Entity
OAH	Office of Administrative Hearings
TBI	Traumatic Brain Injury

### **Customer Service Terminology**

The following terms are used in this report:

- 1) “Case” refers to an individual issue brought to the attention of staff members. There are four types of cases:
  - A. “Complaints/Concerns” are informal expressions of dissatisfaction.
  - B. “Information/Referrals” are either direct requests for information or requests regarding an agency, group, person or service.
  - C. “Medicaid Appeals” refer to Medicaid recipients filing appeals to DMH/DD/SAS, in accordance with Federal Law (42CFR 431. Sub-Part E) and DMH/DD/SAS policy.
  - D. “Investigations” are formal inquiries into allegations of a violation of a law, rule or policy in a community setting.
- 2) “Contacts” are the responses by CSCR team members to any call or communication.
- 3) “Issues” are the content categories of Complaints/Concerns, Information/Referrals or Investigations.

### **Private Health Information**

The CSCR team adheres to Federal and State laws pertaining to confidentiality of private health information (N.C. General Statutes 122-C 52 to 56, 45 CFR Parts 160 and 164 and 42 C.F.R. Part 2).

## **EXECUTIVE SUMMARY**

- The CSCR Team responded to 457 Complaint/Concern, Information/Referral, Medicaid Appeal and Investigation requests during this report period (page 7).
- There was a 51 percent increase in the total number of cases during the last 12 months (page 9).
- There has been a corresponding 40 percent increase in the number of staff responses to cases during the last 12 months (page 12).
- The average number of responses from the CSCR Team to address Complaint/Concern and Information/Referral cases is five follow-up activities. The average for Medicaid Appeals is four follow-up activities (page 12).
- The most common sources of Information/Referrals, Complaints/Concerns, and Investigations continue to come from family members, consumers and guardians (page 13).
- “Access to services” remained the most prevalent concern, with more than twice the volume as “quality of care,” the next highest category (page 16).
- Cases involving mental health issues continue to be the most prevalent and were almost twice as common as substance abuse issues, the next most prevalent number of cases. The third most prevalent number of cases involved persons with a dual diagnosis of mental health and developmental disabilities. Developmental disabilities issues represented only about a third of the cases (page 18).
- A slightly higher percentage of cases concerned male consumers (40 percent) than female consumers (38 percent). Twenty-two percent of the cases were not applicable to a specific consumer (page 19).
- Complaints/Concern, Information/Referral and Investigation requests were filed by individuals from all geographic regions in North Carolina. The average number of cases per AP/LME was over ten cases (page 21).
- DMH/DD/SAS staff members from other teams referred the majority of the investigations, based upon information in complaints, allegations, audits, consultations, etc. (page 24).
- The most prevalent number of Investigations (29 percent) involved consumers with mental health issues. There were six investigations involving consumers with developmental disabilities issues and consumers with multiple diagnoses of mental health, developmental disabilities and substance abuse issues (page 25).

- The CSCR Team received 28 requests to file Medicaid Appeals during this report period. Nine (32 percent) of the appeals involved CAP-MR/DD Waiver issues compared to seven (20 percent) in the previous report period (page 26).
- Medicaid Appeals were filed by recipients residing in the catchment area of 14 AP/LMEs (page 28).
- Forty-three percent of AP/LME local review decisions were overturned in favor of the appellants (page 30).
- Out of 28 appeals filed, only 5 (18 percent) were scheduled as a DMH/DD/SAS hearing (page 32). Only six recipients out of 28 (two percent) chose to by-pass the AP/LME local review process for a Medicaid Appeal hearing at DMH/DD/SAS (Page 30).
- Twenty-two of the 28 (78%) hearing requests were withdrawn after a request for DMH/DD/SAS hearing (page 32).
- Only 9 (32%) of the DMH/DD/SAS scheduled hearings involved CAP-MR/DD services (page 33).
- The Office of the Attorney General reports 15 Medicaid appeals were under review by the Office of Administrative Hearings (OAH) during the report period. No new cases were filed and three cases were closed. CAP-MR/DD issues represented about 40 percent of the OAH petitions (page 34).

## **INTRODUCTION**

The following quarterly report is a statistical summary describing the work of the Customer Service and Community Rights Team (CSCR), Advocacy and Customer Service Section, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The report covers the second quarter of the 2004/2005 fiscal year which includes the months of October, November and December 2004.

### **The Customer Service and Community Rights Team**

The team consists of a team leader, a support staff person and five professional staff, each with a Master's degree in a clinically related field. The team has three key responsibilities:

- To ensure the rights protection of consumers being served in the community,
- To provide a first-response system for customer inquiries, complaints and concerns, and Medicaid appeals (42CFR 431. Sub-Part E) and
- To monitor the community customer service system.

There are two main parts to this report: Part I of the report will look at Information/Referral data, Complaint/Concern data and Investigations. Part II will review Medicaid Appeal information.

The team receives calls, letters and emails each day from a variety of direct and indirect sources. Direct sources include consumers, families, guardians, friends and advocacy groups. Indirect referral sources include the DMH/DD/SAS website, Department of Health and Human Services (DHHS) Office of Citizen Services Care-Line, Department of Social Services website, other DMH/DD/SAS sections and AP/LME staff. The team members typically respond by 1) providing information to the inquiring party, 2) referring the party to an appropriate agency and contact person (usually the AP/LME) or 3) researching the answer and providing direct assistance.

Each CSCR team member responds to all calls the same or next possible business day. Team members continue to communicate with all parties until the issue is resolved or the appropriate agency is providing assistance.

All cases addressed by the CSCR Team are tracked in Access software and analyzed periodically for special requests and scheduled reports. Information from the reports is used to provide recommendations for systemic changes in system reform to mental health, developmental disabilities and/or substance abuse services.

We hope the information in this report provides a useful overview of data relating to Complaints and Concerns, Information and Referrals, Investigations and Medicaid Appeals received by this Team. We welcome any input as to how this report might be improved and/or made more relevant and useful to you.<sup>1</sup>

<sup>1</sup> Please contact Glenda Stokes ([glenda.stokes@ncmail.net](mailto:glenda.stokes@ncmail.net)) or Stuart Berde ([stuart.berde@ncmail.net](mailto:stuart.berde@ncmail.net)) with any suggestions or questions. Staff members and Advocacy and Customer Service Section Chief, Chris Phillips, may be reached at (919) 715-3197 or toll-free at 1-800-662-7030.

## **PART I: COMPLAINTS/CONCERNS, INFORMATION/REFERRALS, INVESTIGATIONS AND MEDICAID APPEALS**

Part I describes the four types of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) addressed by the Customer Service and Community Rights Team. Part I is divided into four sections. Section A provides information about the volume of all cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) and Section B is a detailed description of the Complaints/Concerns, Information/Referrals and Investigations. Section C tracks the location of the Complaints/Concern and Information/Referral cases, and Section D provides information about the Investigations.

### **Section A - Volume of cases (Complaints/Concerns, Information/Referral, Investigations and Medicaid Appeals)**

**Table 1 – Total Cases Addressed Between October and December 2004**

<b>Case Type</b>	<b>Number of Cases</b>	<b>% of Total</b>
Information/Referrals	262	58%
Complaints/Concerns	143	31%
Medicaid Appeals	28	6%
Investigations	24	5%
<b>Total</b>	<b>457</b>	<b>100%</b>

Table 1 lists the total number of cases and the types of cases that team members addressed from October and December 2004. Individuals make issues known to the team through direct calls, e-mails or letters. Although some cases are open over the course of several months due to the complexity of the issues, the "**Total**" represents the unduplicated count of cases for the three-month period. There were 262 (58 percent) Information/Referral cases and 143 (31 percent) Complaint/Concern cases. Team members also addressed 28 Medicaid Appeal requests (six percent) and 24 Rights Investigations (five percent) between October and December 2004.

**Table 2 - Historical Case Comparisons Between July to September 2004 and October to December 2004**

Case Type	July to September Cases	October to December Cases
Information/Referrals	153	262
Complaints/Concerns	157	143
Medicaid Appeals	35	28
Investigations	21	24
<b>Total</b>	<b>366</b>	<b>457</b>

**Figure 1 - Historical Case Comparisons Between July to September 2004 and October to December 2004**

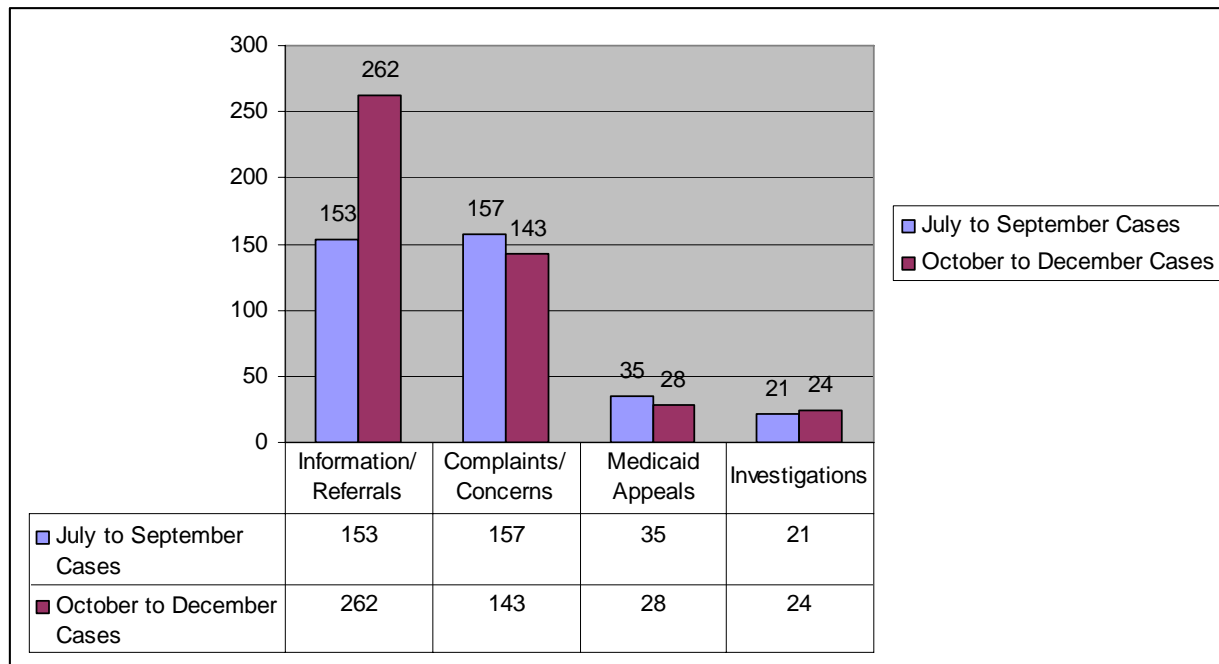


Table 2 and Figure 1 list the total number of cases and the types of cases that team members addressed between July to September 2004 and October to December 2004. During the period of July to September 2004, 366 cases were addressed and 457 cases were addressed in October to December 2004. The number of Information/Referrals increased from 153 cases in July to September 2004 to 262 cases in October to December 2004 and the number of Investigations increased from 21 in July to September to 24 in October to December 2004. The number of Complaints/Concerns and Medicaid Appeals decreased between the time period of July to September 2004 and October to December 2004.



**Table 3 - Customer Service And Community Rights Average Monthly New Cases**

Time Period	Average Monthly New Caseload
October to December 2003	74 per month
January to June 2004	82 per month
July to September 2004	122 per month
October to December 2004	152 per month

**Figure 2 - Customer Service And Community Rights Average Monthly New Cases**

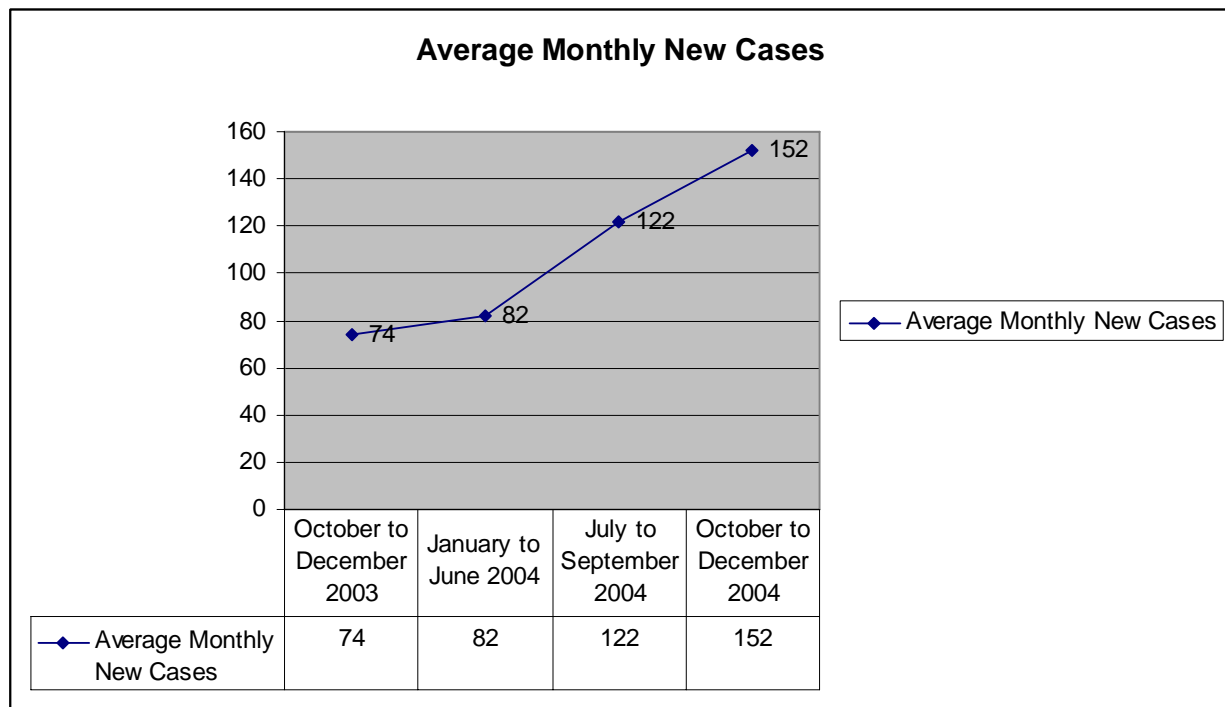
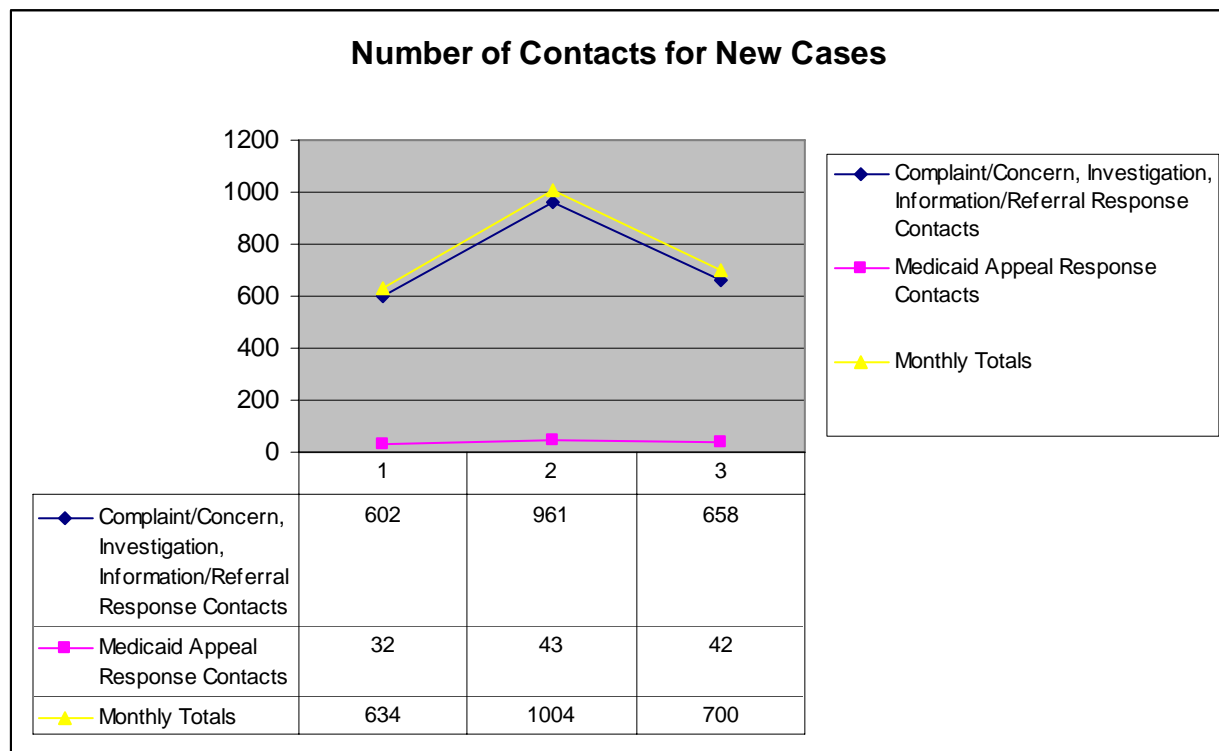


Table 3 and Figure 2 indicate that the volume of Customer Service and Community Rights new cases has increased considerably in the last year. The average monthly number of new cases from October to December 2003 was 74 per month, while from January to June 2004 the average was 82 per month. From July to September 2004, there was an average of 122 new cases per month and an average of 152 new cases from October to December 2004. **As a result, there is a 51 percent increase in the average monthly case load over the last 12 months.**

**Table 4 - Number of Contacts in Response to Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals**

Types of Cases	October	November	December	Totals by Type
Complaint/Concern, Investigation and Information/Referral Response Contacts	602	961	658	2221
Medicaid Appeal Response Contacts	32	43	42	117
Monthly Totals	634	1004	700	2338

**Figure 3 - Number of Contacts in Response to Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals**



*Response by CSCR Team:* Table 4 and Figure 3 list the staff responses or contacts to the Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals from October to December 2004. Each “response” is an action by staff to address the case. A response may be by phone, e-mail or letter. Due to the complexity of many of the cases, CSCR team members usually make several calls or other contacts in order to obtain the appropriate information or identify a contact person for the individual. A total of 2338 identified responses were made by staff regarding 457 cases from October to December 2004.

The CSCR team members try to redirect complaints to the AP/LME Customer Service staff or to another AP/LME staff person, such as a case manager.<sup>2</sup> After receiving a call, a CSCR team member contacts the AP/LME Customer Service staff member and asks the staff member to contact the original caller and to follow up with the CSCR team member.

<sup>2</sup> AP/LMEs designate a Customer Service staff person to assist complainants at the local level. The names of these individuals can be found in the North Carolina Council of Community Programs Directory.

**Table 5 – Historical Case Response Comparisons Between July to September 2004 and October to December 2004**

Case Type	July to Sept. 2004	Oct. to Dec. 2004
Complaint/Concerns, Investigations, Information/Referrals	1803	2221
Medicaid Appeals	127	117
<b>Totals</b>	<b>1930</b>	<b>2338</b>

**Figure 4 – Historical Case Response Comparisons Between July to September 2004 and October to December 2004**

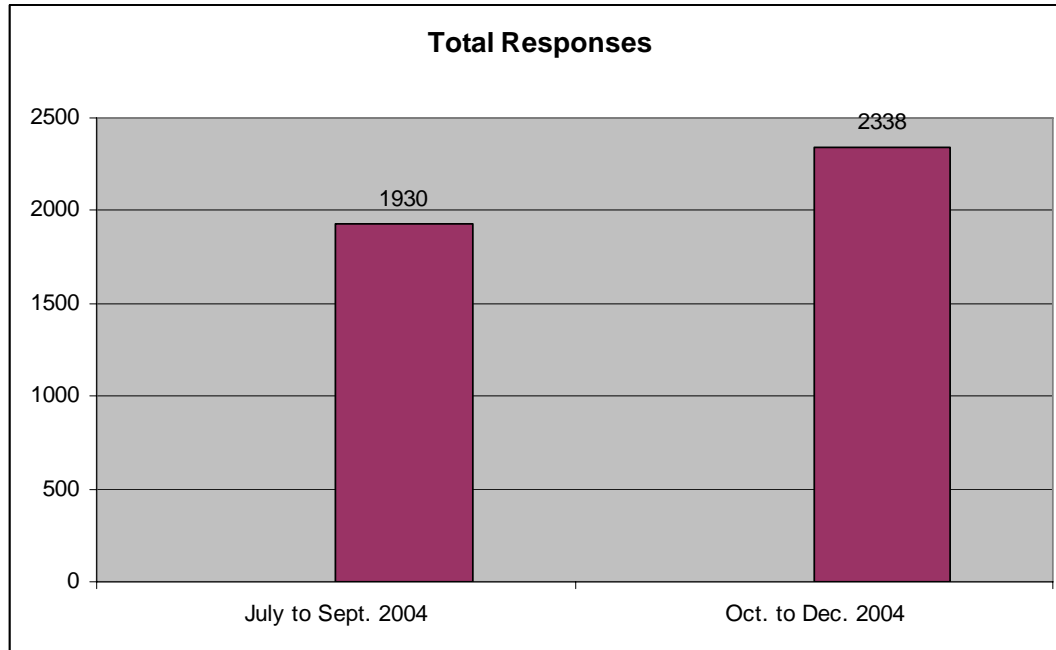
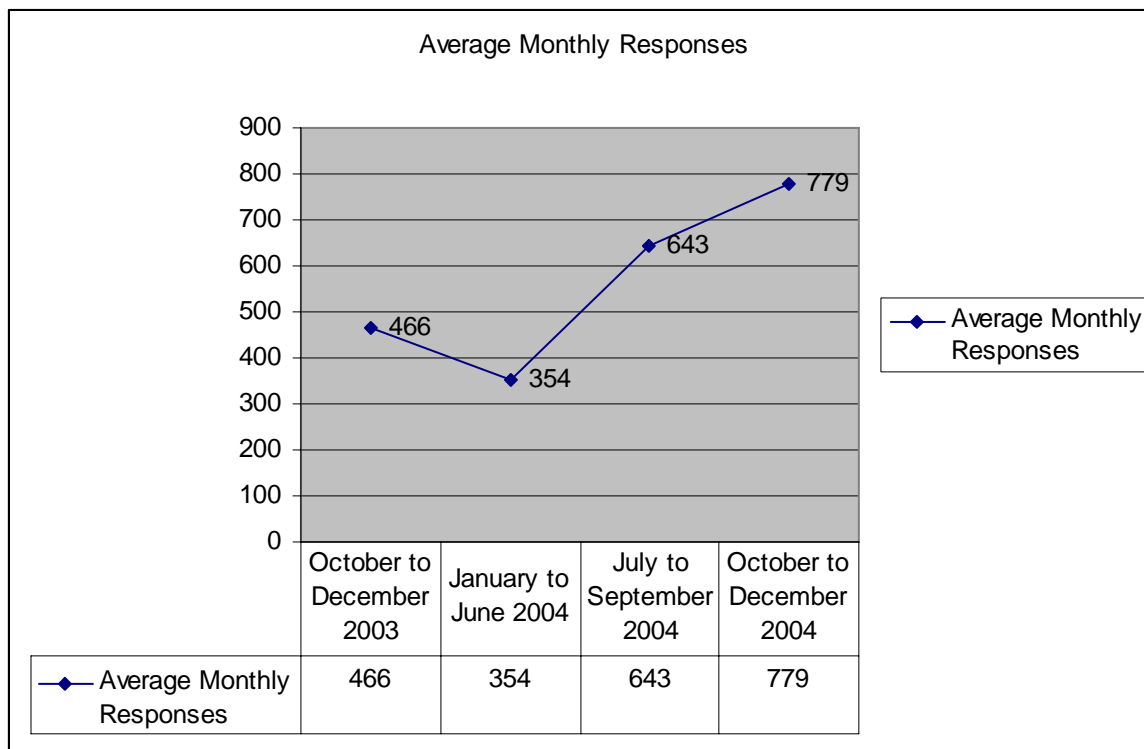


Table 5 and Figure 4 indicate that the number of staff responses to new cases in October to December 2004 was greater than in July to September 2004. In July to September 2004, there were 1930 responses for 366 new cases and in October to December 2004, there were 2338 responses to 457 new cases.

**Table 6 - Responses to New Cases: Historical Summary**

Time Period	Average Monthly Number of Responses for New Cases
October to December 2003	466 per month
January to June 2004	354 per month
July to September 2004	643 per month
October to December 2004	779 per month

**Figure 5 - Responses to New Cases: Historical Summary**



The number of staff responses to informally resolve new cases has considerably increased in the last year. The average monthly number of responses for October to December 2003 was 466 per month and 354 per month for January to June 2004. The average monthly number of responses to new cases from July to September 2004 was 643 and 779 average responses to new cases from October to December 2004. **As a result, there was a 40 percent increase in the average monthly responses over the last 12 months.**

**Table 7 - Average Total of Monthly Responses Per Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals for October to December 2004**

<b>Types of Cases</b>	<b>Contact Responses</b>	<b>Number of Cases</b>	<b>Average Monthly Responses per Case</b>
Complaint/Concerns, Investigations and Information/Referral Responses	2221	429	5
Medicaid Appeal Responses	117	28	4
<b>Total</b>	<b>2338</b>	<b>457</b>	<b>5</b>

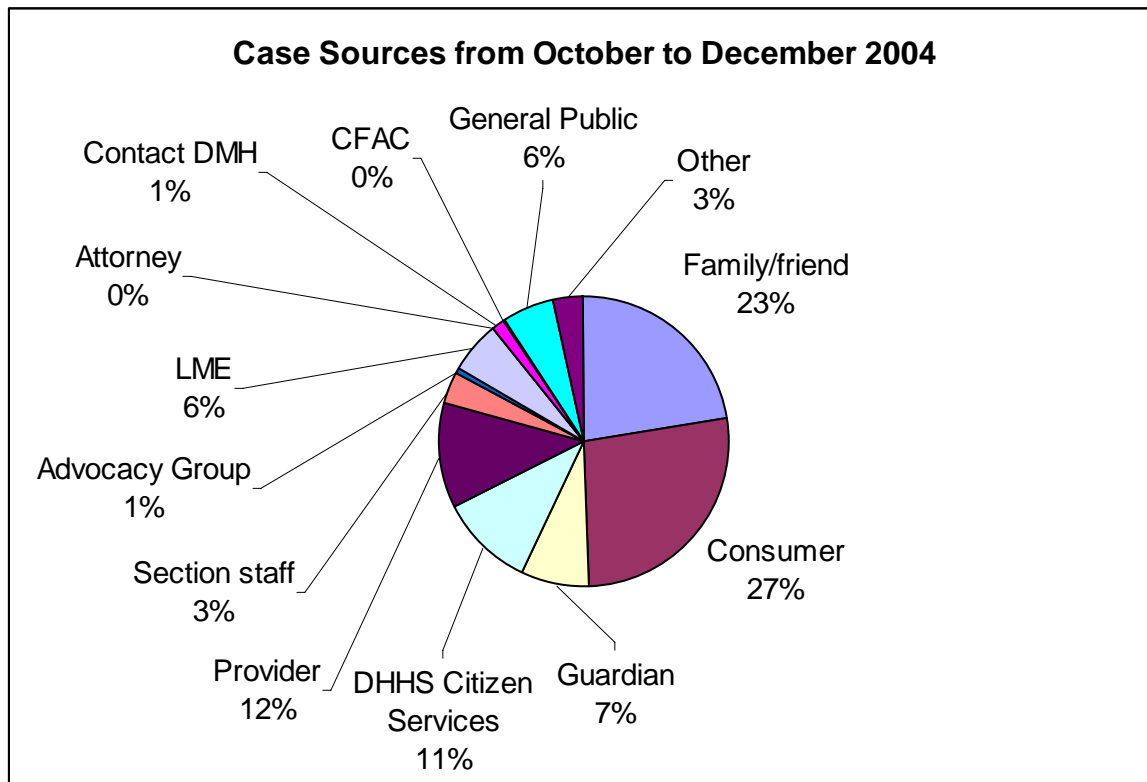
Since several responses were required for each of the 457 cases of Complaints/Concerns, Investigations, Information/ Referrals and Medicaid Appeals, there were 2,221 identified responses for the contact cases. There were 117 total identified responses for the 28 Medicaid Appeals. The average monthly number of responses per case was five and the average monthly response per appeal case was four.

## **Section B - Detailed Description of the Complaints/Concerns, Information/Referrals and Investigations**

**Table 8 - Case Sources From October to December 2004**

<b>Source Type</b>	<b>Number of Cases</b>	<b>% Of Total</b>
<b>Consumer</b>	<b>114</b>	<b>27%</b>
<b>Family/friend</b>	<b>98</b>	<b>23%</b>
<b>Guardian</b>	<b>32</b>	<b>7%</b>
Provider	50	12%
DHHS Citizen Services	46	11%
General Public	25	6%
LME	24	6%
Section staff	15	3%
Contact DMH	6	1%
Advocacy Group	3	1%
Attorney	1	Less than 1%
CFAC	1	Less than 1%
Other	14	3%
<b>Total</b>	<b>429</b>	<b>100%</b>

**Figure 6 - Case Sources From October to December**



*Case Sources:* The Customer Service and Community Rights Team received Complaint/Concern, Information/Referral and Investigation requests from 14 different sources which are listed in Table 8 and Figure 6. The North Carolina Department of Health and Human Services Office of Citizen Services (CARE-LINE) has a toll-free number (1-800-662-7030) for citizens and is a state-wide information resource. Calls to the Office of Citizen Services related to DMH/DD/SAS issues are directly forwarded to the CSCR staff. Along with direct requests from the general public, government officials most often forward their local correspondence regarding DMH/DD/SA services to the staff at Office of Citizen Services who in turn forward these issues to the CSCR team.

Consumers and their families, friends and/or guardians accounted for 244 (58 percent) of the 429 Complaint/Concern, Information/Referral or Investigation cases. Consumers initiated 115 (27 percent), family/friends initiated 97 (23 percent) and guardians initiated 32 (seven percent) of the total complaints/concerns, information/referrals and investigations. Providers initiated 50 (12 percent) cases while the North Carolina DHHS Office of Citizen Services initiated 46 cases (11 percent) to the CSCR Team. Twenty-five case sources (six percent) were from the general public and 24 (six percent) were LME staff. DMH/DD/SAS staff initiated 15 of the cases (three percent), and there were 14 case sources (three percent) called “other” representing non-specified categories that were not in our protocol. Contact DMH e-mails (six) and advocacy groups (three) each represented one percent of the cases and both an attorney and a Consumer and Family Advisory Committee (CFAC) each submitted one case, which was less than one percent of the total cases.

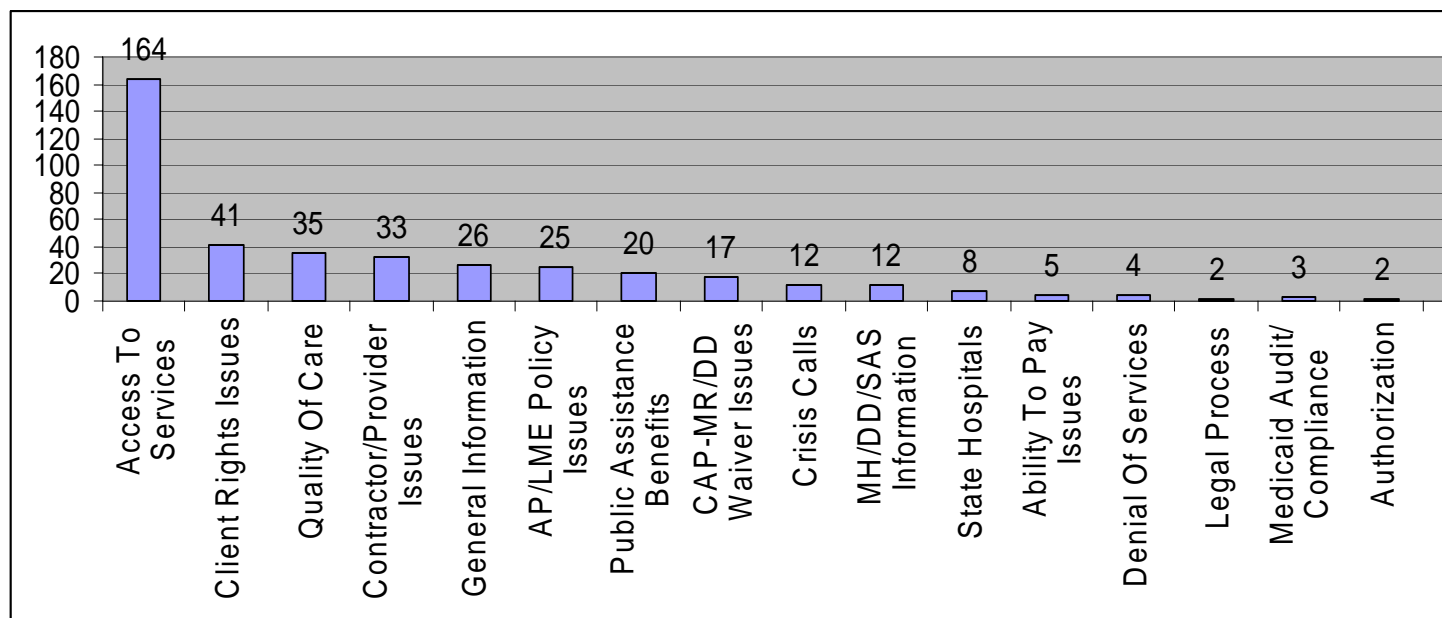
**Table 9 - Issues Tracked in Complaint/Concern, Information/Referral and Investigation Cases**

<b>Issue</b>	<b>Definition/Comment</b>
Abuse and Neglect	<i>By law, suspicion of this activity is referred to the local Department of Social Services and applicable licensing agencies</i>
Ability to Pay	<i>Concern over consumer's financial obligation</i>
Access	<i>Request for services</i>
Advocacy and Support	<i>Information provided regarding advocacy groups or websites</i>
AP/ LME Policy	<i>Dispute over AP/LME administrative or service policy</i>
Authorization/ Service Orders/ Utilization Review	<i>Includes information about the process as well as complaints about the process</i>
Benefits	<i>Disability benefits question (SSI, Special Assistance, Medicare, Medicaid, etc.)</i>
Crisis Call	<i>Calls that indicate an urgent crisis</i>
Denial	<i>Concern over a denial of a non-Medicaid service</i>
Education/Department of Public Instruction	<i>Information requested regarding education or school issues.</i>
General Information	<i>Information provided regarding general issues such as contact names and numbers for other state and local agencies or programs such as DSS, DFS, SSI, Medicaid, etc.</i>
Information on MH/DD/SAS issues	<i>Information requested regarding any rules, statues, manuals, forms, DMH/DD/SAS policies, communication bulletins, reform process, service definitions, licensing or staffing issues</i>
Legal Process	<i>Includes information on any legal issue/process such as guardianship, custody, involuntary commitment, etc. Information about the process is provide, but no legal advice is provided</i>
Medicaid Audit/ Compliance	<i>Information regarding Medicaid audits, documentation and compliance issues.</i>
Medicaid Waiver (CAP-MR/DD)	<i>Regarding Waiver program policy or procedure</i>
Medication	<i>Includes the need for refills, information on medication, re-checks, inability to pay for medications, etc.</i>
Provider/ Contractor	<i>Provider performance or policy</i>
Relocation	<i>Request by families or other MH/DD/SAS professionals for assistance with services as they are planning for relocation to or within North Carolina.</i>
Rights	<i>Alleged violation of rights in law or administrative rule.</i>
Service Quality	<i>Dissatisfaction or questions concerning the quality, appropriateness or level of service</i>
Staff	<i>Issues regarding personnel issues are directed to appropriate Area Program/LME, Provider or State facility staff</i>
State Hospitals	<i>Information provided to assist/connect consumers and/or families when a family member is in the hospital. For example, allegations of abuse and/or neglect that allegedly occurred during hospitalization or personnel issues.</i>
Other	<i>When current categories are not inclusive of the presenting issue</i>

**Table 10 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Investigations and Information/Referrals between October to December 2004**

Issue	Total	% of Total
Access To Services	164	38%
Client Rights Issues	41	10%
Quality Of Care	35	8%
Contractor/Provider Issues	33	8%
General Information	26	6%
AP/LME Policy Issues	25	6%
Public Assistance Benefits	20	5%
CAP-MR/DD Waiver Issues	17	4%
Crisis Calls	12	3%
MH/DD/SAS Information	12	3%
State Hospitals	8	2%
Ability To Pay Issues	5	1%
Denial Of Services	4	Less than 1%
Legal Process	2	Less than 1%
Medicaid Audit/ Compliance	3	Less than 1%
Authorization	2	Less than 1%
Other Issues	17	Less than 1%
<b>Grand Totals</b>	<b>429</b>	<b>100%</b>

**Figure 7 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Investigations and Information/Referrals between October to December 2004**





*Issues Addressed:* Table 9 describes the issue categories most commonly addressed. The Information/Referral, Investigation, and Complaint/Concern cases encompass a wide variety of issues. Table 10 and Figure 7 list the distribution of primary issues noted in Complaints/Concerns, Information/Referrals and Investigations. Contacts were made concerning a wide range of issues. By far the highest number (164 or 38 percent) of issues fall under the category of “access to services,” which is defined as a request for services. Consumers and family members often request access information regarding an agency or service. Examples include substance abuse detoxification centers, treatment services for children and adults, drug education school classes, etc. Team members provide service information but primarily refer people to the local AP/LME customer services coordinator. After a referral, the local customer services coordinator will provide case updates and resolution information to the CSCR team.

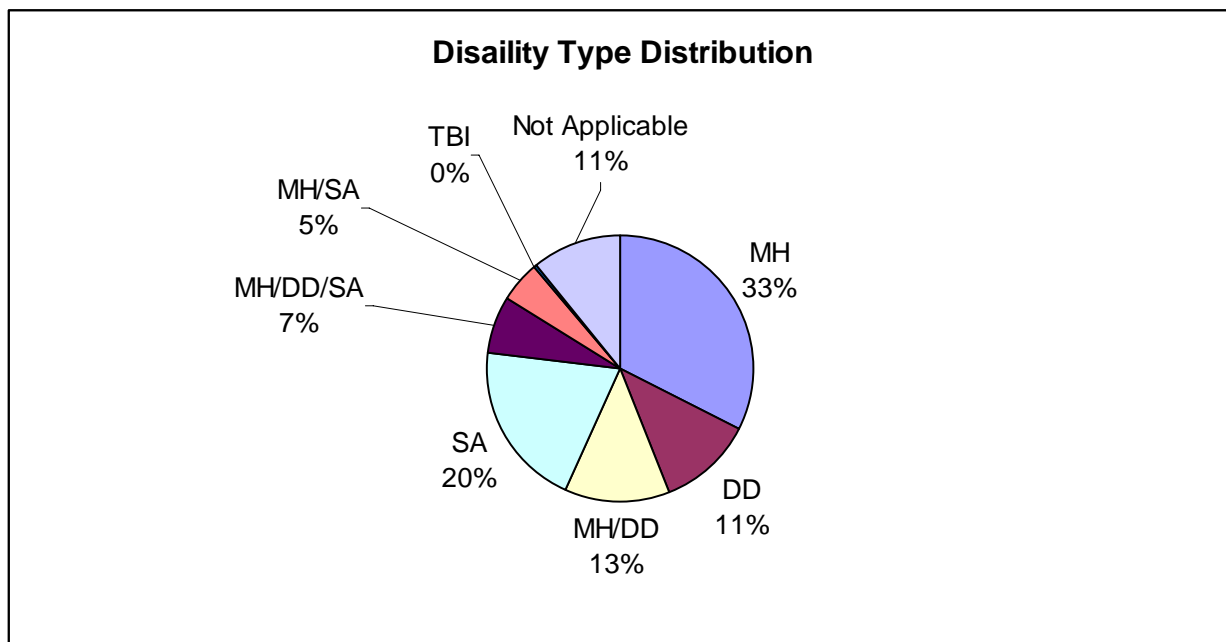
The next most prevalent cases were client rights issues which had 41 cases (ten percent). Quality of care (35) and contractor/provider issues (33) each had eight percent of the case issues. General information (26) and AP/LME Policy Issues (25) each represented six percent of the cases. Information about public assistance benefits (20) was five percent, and CAP-MR/DD issues (17) were four percent. MH/DD/SAS information requests and crisis calls each had 12 cases which was three percent each. Examples of the MH/DD/SAS information category include requests from consumers, families, providers and community regarding topics such as service definitions, rules, manuals and diagnosis(es). There were eight cases (two percent) regarding state hospitals, and five cases (one percent) relating to ability to pay. The following issues had less than one percent of the cases: denial of services, Medicaid audit/compliance, legal process and authorization.

Less than one percent (17 cases) are in the “other” category. Examples include requests for contact names and phone numbers for DMH/DD/SAS staff, web address or link to the DMH/DD/SAS website information for student papers, etc.

**Table 11 - Disability Group Distribution of Cases for October to December 2004**

Disability	Total	% of Total
MH	140	33%
SA	87	20%
MH/DD	55	13%
DD	48	11%
MH/DD/SA	30	7%
MH/SA	21	5%
TBI	2	Less than 1%
Not Applicable	46	11%
<b>Total</b>	<b>429</b>	<b>100%</b>

**Figure 8 - Disability Group Distribution of Cases for October to December 2004**



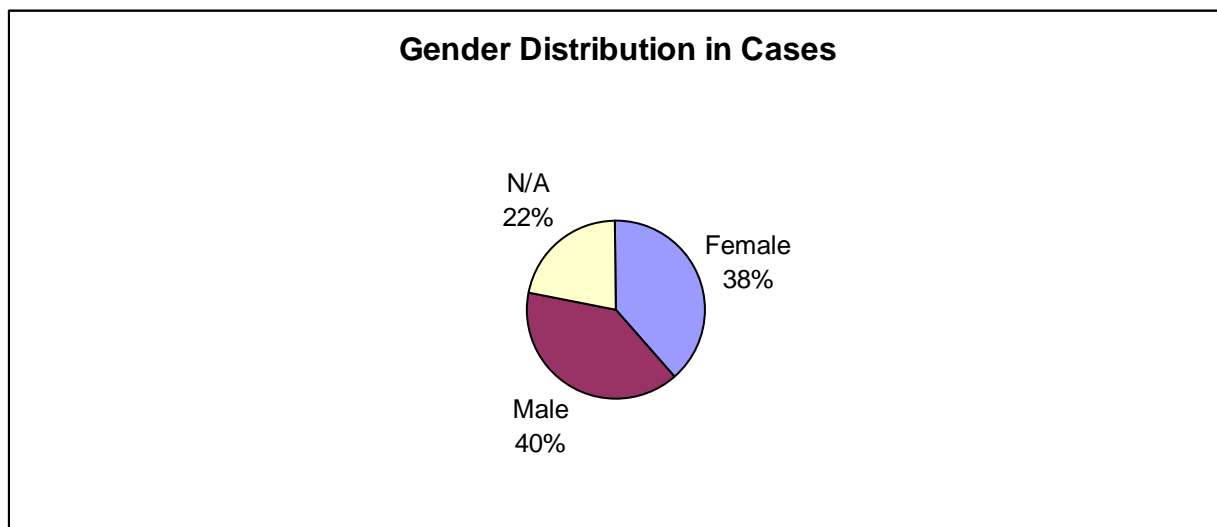
*Disability Type Representation:* Table 11 and Figure 8 show disability groups that were represented in the 429 cases. For each case, the CSCR team records the disability area addressed by the referral source.

Mental health consumer service cases represented 140 (33 percent) of the total. The next most prevalent disability group was substance abuse with 87 (20 percent) of the cases. Fifty-five cases (13 percent) were related to dual diagnosis of MH/DD and 48 (11 percent) were developmental disabilities cases. Thirty cases (seven percent) were related to multiple MH/DD/SAS issues and twenty-one cases (five percent) were related to dual diagnosis of MH/SA issues. Forty-six inquiries (11 percent) were not applicable to any particular disability group and two cases (less than one percent) were related to Traumatic Brain Injury (TBI).

**Table 12 - Gender Distribution of Issues for October to December 2004**

<b>Gender</b>	<b>Number</b>	<b>% of Totals</b>
Male	170	40%
Female	165	38%
N/A to a specific person	94	22%
<b>Total</b>	<b>429</b>	<b>100%</b>

**Figure 9 - Gender Distribution of Issues for October to December 2004**



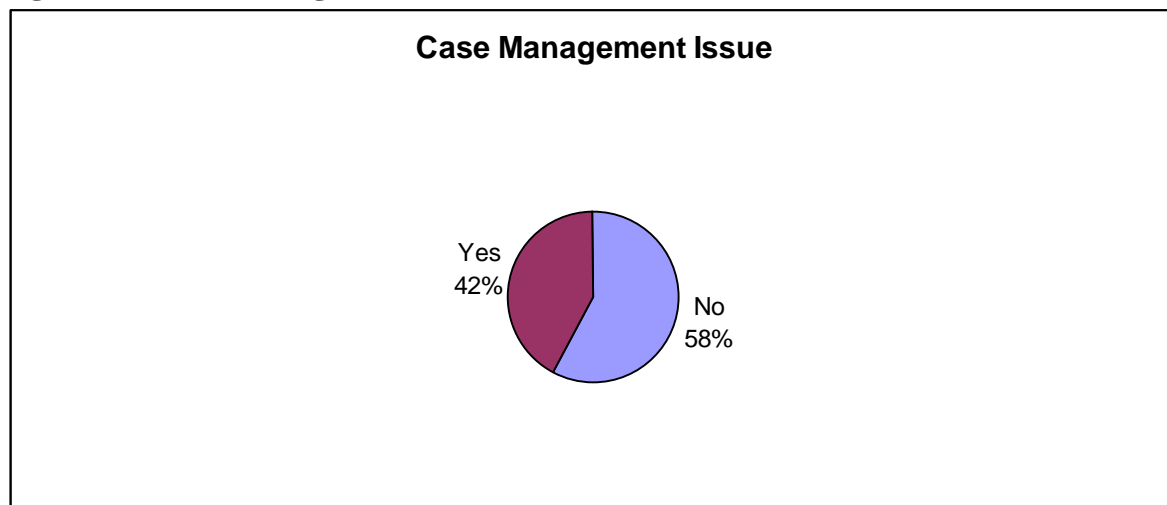
*Gender Distribution:* Table 12 and Figure 9 indicate the gender distribution for the 429 total cases for October to December 2004. For each case, the CSCR team either records the gender of the consumer referenced by the referral source or indicates “not applicable” when the issue is not directly related to services for a specific individual. Examples of issues not applicable to a specific person would be issues such as licensing, service definition, legal processes, rules or advocacy groups.

One hundred seventy cases (40 percent) were males and 165 were females (38 percent). Ninety-four cases (22 percent) were not applicable to a specific individual.

**Table 13 - Case Management Distribution of Cases Between October to December 2004**

<b>Case Management Issue</b>	<b>Number</b>	<b>% of Total</b>
No	247	58%
Yes	182	42%
<b>Total</b>	<b>429</b>	<b>100%</b>

**Figure 10 - Case Management Distribution of Cases Between October to December 2004**



*Case Management Issue Distribution:* During this report period, CSCR staff assessed and tracked each case to determine whether or not case management was a critical element in the case. Table 10 and Figure 8 indicate the percentage of the 429 cases in which case management was a factor. Two hundred forty-seven cases (58 percent) did not have nor need case management involvement, but 182 cases (42 percent) had or did need case management involvement. Although 42 percent of the cases had case management issues, the issues such as access, provider choice or quality of services remained the predominant issues.

## **Section C - Location of the Complaint/Concern and Information/Referral cases**

**Table 14 - Complaints/Concerns and Information/Referrals Associated with APs/LMEs**

<b>AP/LME</b>	<b>Complaints/ Concerns</b>	<b>Information and Referral</b>	<b>Total Type</b>	<b>% of Total</b>
Alamance-Caswell	2	4	6	2%
Albemarle	9	4	13	4%
Catawba	1	2	3	1%
CenterPoint	1	2	3	1%
Crossroads	0	0	0	0%
Cumberland	6	3	9	2%
Durham	6	2	8	2%
Eastpointe (Duplin-Sampson-Lenoir-Wayne)	9	3	12	3%
Edgecombe/Nash	0	3	3	1%
Foothills	3	4	7	2%
Guilford	5	4	9	2%
Johnston	4	3	7	2%
Lee-Harnett	1	7	8	2%
Mecklenburg	10	8	18	5%
Neuse	1	3	4	1%
New River	3	1	4	1%
Onslow	3	2	5	1%
Orange-Person-Chatham	3	4	7	2%
Out of State	2	3	5	1%
Pathways	6	4	10	3%
Piedmont-Davidson	8	5	13	4%
Pitt	3	2	5	1%
RiverStone	0	0	0	0%
Roanoke-Chowan	1	0	1	Less than 1%
Rockingham	2	4	6	2%
Sandhills-Randolph	0	5	5	1%
Smoky Mountain	0	2	2	1%
Southeastern Center	6	1	7	2%
Southeastern Regional	5	5	10	3%
Tideland	0	1	1	Less than 1%
Vance-Granville-Franklin-Warren	1	1	2	1%
Wake	7	18	25	7%
Western Highlands (Blue Ridge – Rutherford - Polk - Trend)	9	3	12	3%
Wilson-Greene	1	1	2	1%
Anonymous	7	13	20	6%
N/A	18	94	112	31%
<b>Grand Total</b>	<b>143</b>	<b>221</b>	<b>364</b>	<b>100%</b>
<b>Total Minus Unspecified (N/A and Anonymous)</b>	<b>118</b>	<b>114</b>	<b>232</b>	
<b>Mean (Average)</b>	<b>3.97</b>	<b>6.13</b>	<b>10.11</b>	<b>3%</b>
<b>Median (Middle Score)</b>	<b>3</b>	<b>3</b>	<b>6.0</b>	<b>2%</b>
<b>Mode (Most Common )</b>	<b>0</b>	<b>3 &amp; 4</b>	<b>5 &amp; 7</b>	<b>1%</b>

**The Team tracks the AP/LME where communications originate. In many cases, callers do not specify their locality or the locality is not relevant. These calls are listed as “unspecified”. An important caveat: The data in Table 14 refer only to the residential area of the consumer whose issue was addressed by the CSCR team. Therefore, these data do not indicate complaints against APs/LMEs in all cases. We have simply recorded the locality of the complainant or person asking for information. Moreover, APs/LMEs with a high volume should not be viewed critically. In fact, a high volume may indicate that consumers are aware of the complaint process and that the AP/LME provides a complaint system to help consumers address their concerns. Finally, the table lists AP/LME mergers that were being planned during the report period and thus is an evolving set of data.**

A total of 143 Complaint/Concern and 221 Information/Referral cases were addressed between October to December 2004. Investigations were not included in this table, and are discussed later in the report. The mean (average) number of Complaints/Concerns per AP/LME is 3.97 and the mean number of Information/Referral contacts per AP/LME was 6.13. The mean (average) percent of total cases per AP/LME was three percent. There are a large number of requests for information/referrals without a specified AP/LME as indicated in the N/A and Anonymous categories. Many of these cases were requests for information on general issues such as billing issues, state hospitalizations, provider requirements, local service agency contact numbers, etc.

## **Section D - Investigations**

DMH/DD/SAS receives complaints/allegations regarding a variety of issues such as allegations of client rights, quality of care and provider choice violations. Complaints/allegations are reviewed to determine if an investigation is needed. An investigation may involve a single complaint, but the majority include multiple allegations of violations. Therefore, the lead investigator from the CSCR Team and the lead investigator from the Accountability Team, also in DMH/DD/SAS, collaborate to determine if the investigation will be conducted by the AP/LME, another agency or by the DMH/DD/SAS. If a state level investigation is indicated, CSCR or Accountability will assume the lead for the investigation. Other DHHS Divisions and additional DMH/DD/SAS teams will be involved as warranted by the specific nature of the investigation. An investigation remains pending until final reports are completed by the responsible parties.

Each Investigation is very involved and requires a significant amount of time to conduct detailed research, collect data/evidence, assess information and write reports. All DMH/DD/SAS Investigations are logged into the CSCR database along with the total contact responses per case initiated by CSCR investigators. Other DMH/DD/SAS team members have a substantial number of contacts per case that are not recorded in this database. The information content of the investigations is not included in this report. However, we do report on the status of investigations.

**Table 15 - Investigation Status**

Status	Total	% of Total
Pending	13	57%
Complete	11	43%
<b>Total</b>	<b>24</b>	<b>100%</b>

**Figure 11 - Investigation Status**

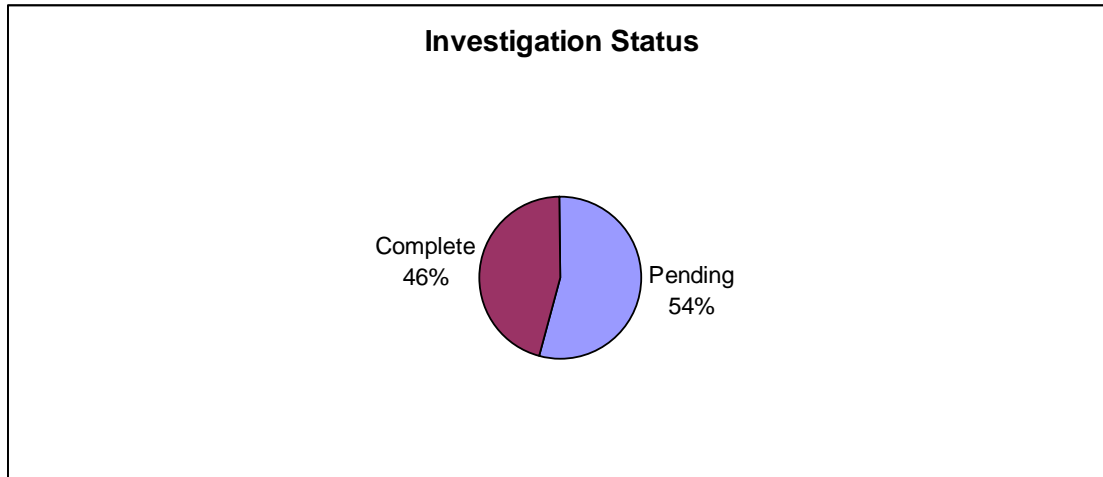


Table 15 and Figure 11 show that 24 investigations were initiated during the report period. Eleven investigations were closed and 13 are pending. Many of the investigations remain open for several months in order to allow time for a thorough investigation.

**Table 16 - Referral Sources for Investigations Initiated from October to December 2004**

<b>Case Referral Source</b>	<b>Total</b>	<b>% of Total</b>
DMH/DD/SAS staff	9	38%
Local MH/DD/SAS Staff	5	21%
Provider Staff	3	13%
DHHS Citizen Services	2	8%
Former provider Staff	1	4%
Family/Friend	1	4%
CFAC	1	4%
Guardian	1	4%
Anonymous	1	4%
<b>Total</b>	<b>24</b>	<b>100%</b>

**Figure 12 - Referral Sources for Investigations Initiated from October to December 2004**

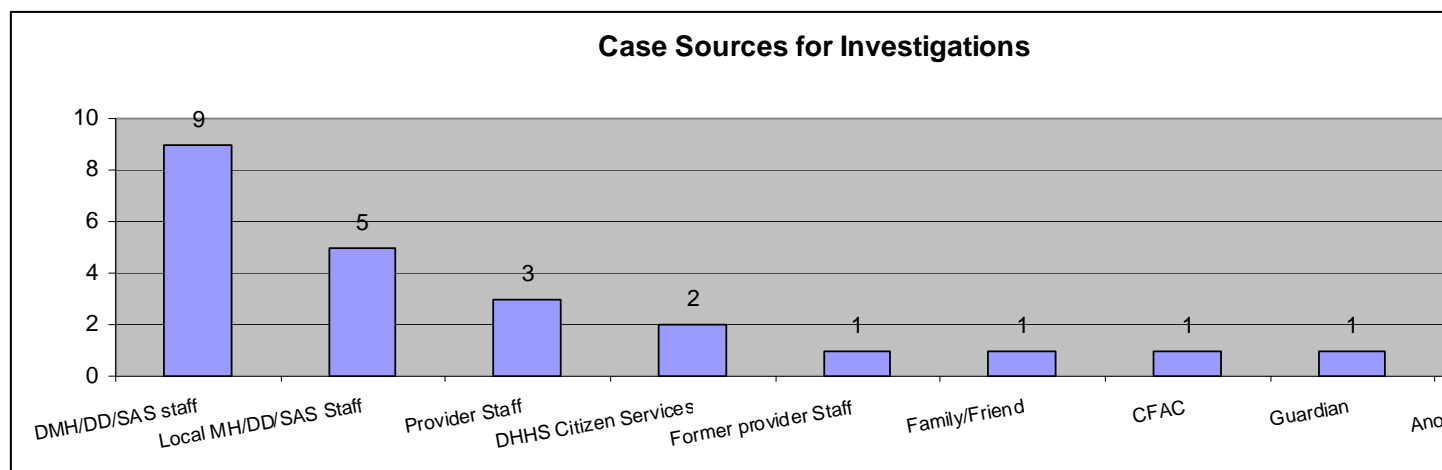


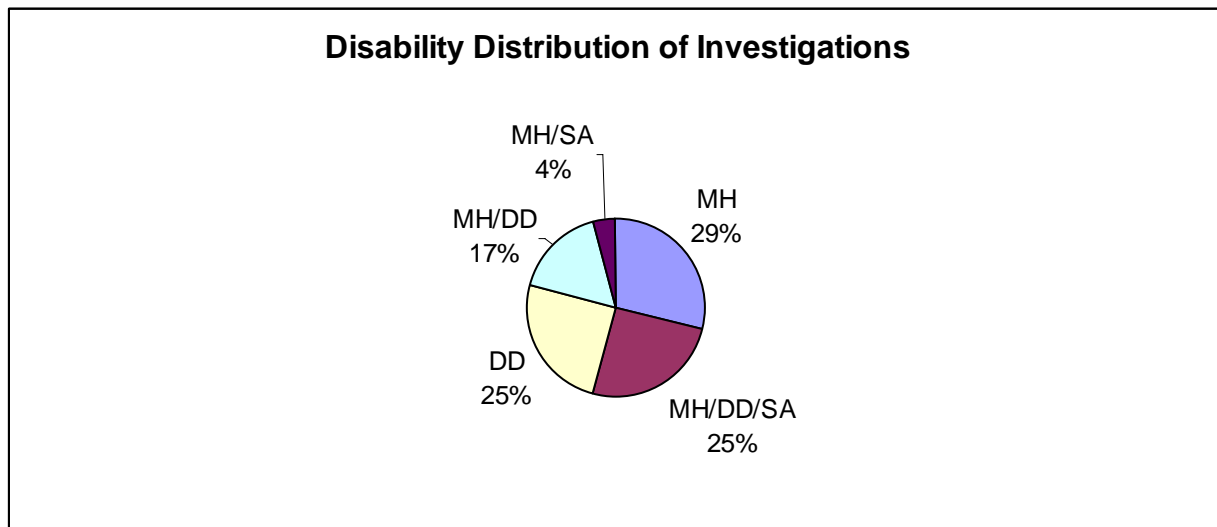
Table 16 and Figure 12 show the case sources for the 24 investigations. DMH/DD/SAS staff members from other teams referred the majority of the investigations, based upon information in complaints, allegations, audits, consultations, etc. Local MH/DD/SAS staff were the second most prevalent referral source with five (21percent) cases and provider staff initiated three (13 percent) of the cases. Two (eight percent) of the cases came from DHHS Citizen Services. A single case was also referred by each of the following categories: family and friends, anonymous, CFAC and guardian.



**Table 17 - Disability Distribution of Investigations Initiated Between October to December 2004**

<b>Disability</b>	<b>Total</b>	<b>% of Total</b>
MH	7	29%
MH/DD/SA	6	25%
DD	6	25%
MH/DD	4	17%
MH/SA	1	4%
<b>Total</b>	<b>24</b>	<b>100%</b>

**Figure 13 - Disability Distribution of Investigations Initiated Between October to December 2004**



*Disability Type Representation:* Table 17 and Figure 13 show disability groups that were represented in the 24 investigations. Consumers with mental health services represented seven (29 percent) of the total. There were six investigations each for involving persons with multiple diagnoses of MH/DD/SAS and for persons with developmental disabilities. Four (17 percent) investigations involved persons with a dual diagnosis of MH/DD. There was only one investigation involving MH/SA services.

## **PART II: MEDICAID APPEAL INFORMATION FOR OCTOBER TO DECEMBER 2004**

There are three appeal levels available to recipients who are appealing decisions regarding DMH/DD/SA Medicaid services: the local AP/LME, the DMH/DD/SAS Hearing and the State Office of Administrative Hearings (OAH). Appellants are given the option to: 1) begin an appeal at the local AP/LME level, 2) request a direct DMH/DD/SAS hearing or 3) appeal directly to OAH. The vast majority of appellants choose to participate in local reviews convened at the AP/LME. When selected and settled, local reviews hasten resolution of the appeal process. The CSCR team members and LME staff work closely with consumers to facilitate local resolutions for appeals in order to obtain speedy decisions. A total of 127 identified responses were made for the 28 appeals and the average monthly response per appeal case was three. During this report period, only one of 28 appellants (three percent) chose to by-pass the local LME review process and request a direct State DMH/DD/SAS hearing.

**Table 18 - Total Appeals Received by DMH/DD/SAS From October to December 2004**

Appeal Type	Total	Percentage
MH/DD/SAS (Regular Medicaid)	19	68%
CAP-MR/DD	9	32%
<b>Total</b>	<b>28</b>	<b>100%</b>

**Figure 14- Total Appeals Received by DMH/DD/SAS From October to December 2004**

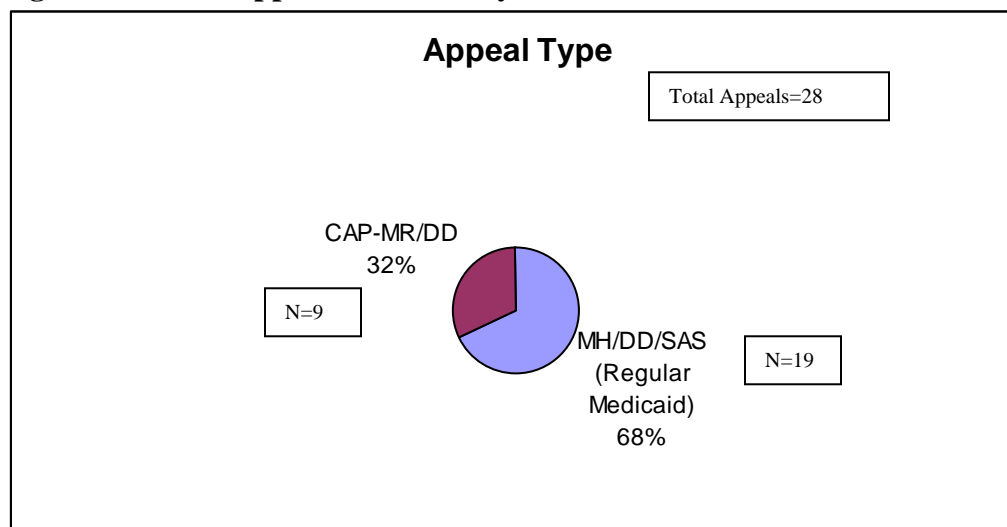
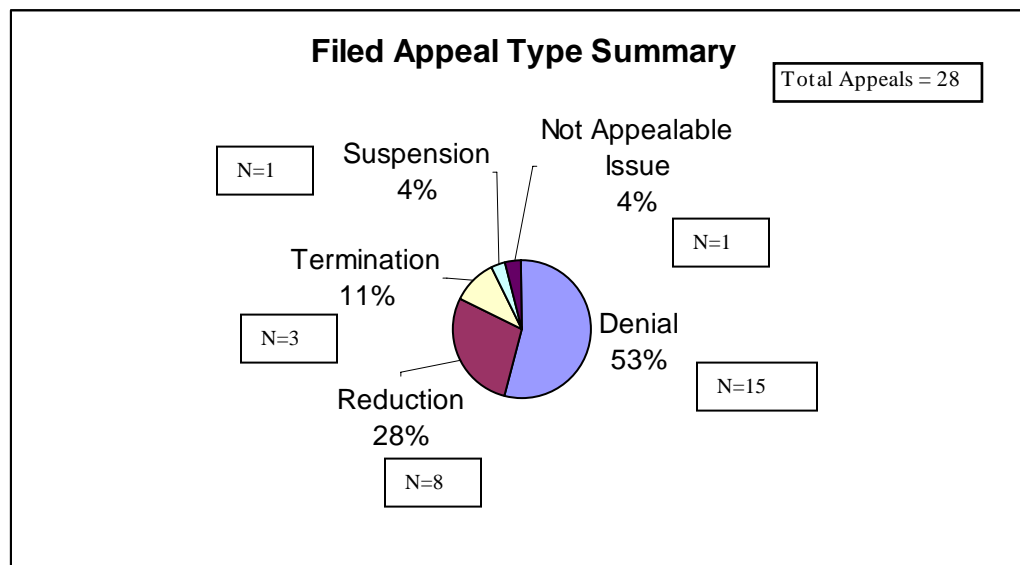


Table 18 and Figure 14 show the total number of appeals that the CSCR Team addressed from October to December 2004. The table refers to both recipients on the CAP-MR/DD waiver and regular MH/DD/SAS recipients who receive Medicaid services but are not on the waiver. The CSCR team members addressed 28 Medicaid Appeals requests during this period. Appeals are filed to the Customer Service and Community Rights Team in order to provide consumers with direct information about the appeal process. CAP-MR/DD Waiver recipients account for nine out of 28 (32 percent) of the active appeal cases during these three months, while appeals involving regular Medicaid recipients of MH/DD/SA services account for 19 (68 percent) of the total.

**Table 19 – Types of All Medicaid Appeals Filed**

Appeal Type	Total	% of Total
Denial	15	53%
Reduction	8	28%
Termination	3	11%
Suspension	1	4%
Not Appealable Issue	1	4%
<b>Total</b>	<b>28</b>	<b>100%</b>

**Figure 15 - Types of All Medicaid Appeals Filed**



*Types of Medicaid Appeals:* AP/LMEs make authorization decisions about Medicaid services based on medical necessity and are required to send Medicaid recipients written notification of their right to appeal any of the following decisions: *reduction of service, suspension of service, termination of service and denial of requests for a different service or an increased volume of a current service* (42 CFR 431. Sub-Part E).

Table 19 and Figure 15 show the types of Medicaid Appeals that were filed during this reporting period. These data indicate that the majority of the appeals are for *denial of requested service*. For example, a denial of a type of allowable equipment in CAP-MR/DD or a denial of a request to step up from Level II to Level III residential service. Fifteen appeals (53 percent) were received for denials of requested services. The next highest type of appeal is for *reductions of service* such as the reduction from Level III residential to Level II. There were eight appeals (28 percent) for reduction of services. *Termination of services* (such as a decision to end individual outpatient therapy) is the third highest type of appeal. Three appeals (11 percent) were received for termination of services. A single appeal (four percent) was filed regarding an issue that was not appealable. Finally, one appeal (four percent) involved *suspension of services* (such as suspension from a clubhouse program).

**Table 20 - AP/LME Distribution of Medicaid Appeals For  
October to December 2004**

<b>AP/LME</b>	<b>Total</b>	<b>% of Total</b>
Guilford	4	12%
Eastpointe (Duplin-Sampson-Lenoir-Wayne)	3	11%
Southeastern Regional	3	11%
Pitt	3	11%
Neuse	2	7%
Orange-Person-Chatham	2	7%
Western Highlands (Blue Ridge – Rutherford - Polk - Trend)	2	7%
Pathways	2	7%
Wake	2	7%
Southeastern Center	1	4%
Cumberland	1	4%
Wilson-Greene	1	4%
Rockingham	1	4%
Piedmont-Davidson	1	4%
<b>Total</b>	<b>28</b>	<b>100%</b>

*AP/LME:* Table 20 shows the AP/ LME associated with the 28 Medicaid Appeals. Medicaid Appeal requests were received from recipients residing in 14 different catchment areas. The table reflects mergers in process during the report period. **In no way should a high AP/LME appeal percentage be attributed to more severe clinical decisions by the AP/LME. In actual fact, a high appeal volume most likely indicates that the LME is providing recipients with a thorough education of the due process system.** Four AP/LMEs accounted for almost half (45 percent) of the appeals. Guilford accounted for 12 percent of the total, and Eastpointe, Southeastern Regional and Pitt each accounted for 11 percent of the remaining 33 percent. Neuse, Orange-Person-Chatham, Western Highlands, Pathways and Wake each had seven percent of the appeals. Southeastern Center, Cumberland, Wilson-Greene, Rockingham and Piedmont each had four percent of the total appeals.

**Table 21 - Sources of Medicaid Appeals for October to December 2004**

<b>Filed By</b>	<b>Total</b>	<b>% of Total</b>
Family/Guardian	21	75%
Division of Social Services	4	14%
Self	3	11%
<b>Total</b>	<b>28</b>	<b>100%</b>

**Figure16 - Sources of Medicaid Appeals for October to December 2004**

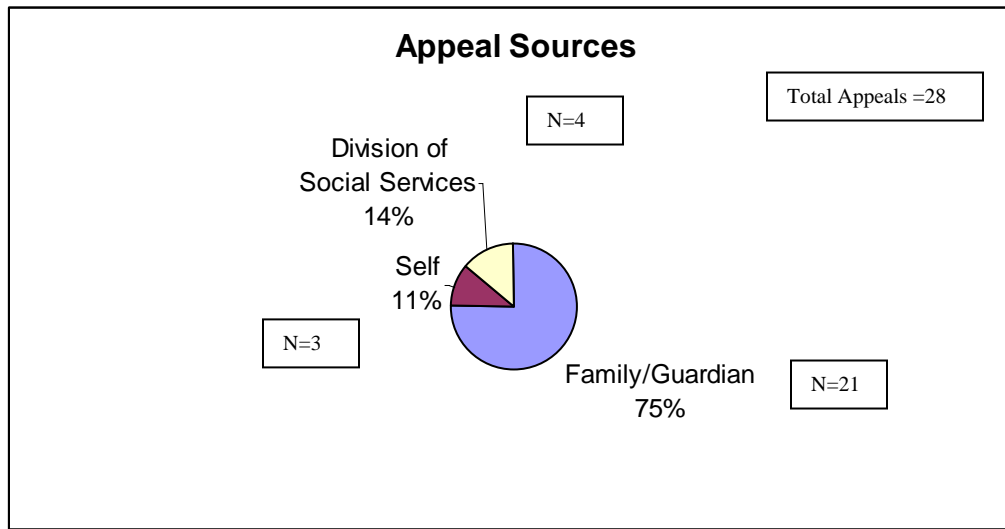
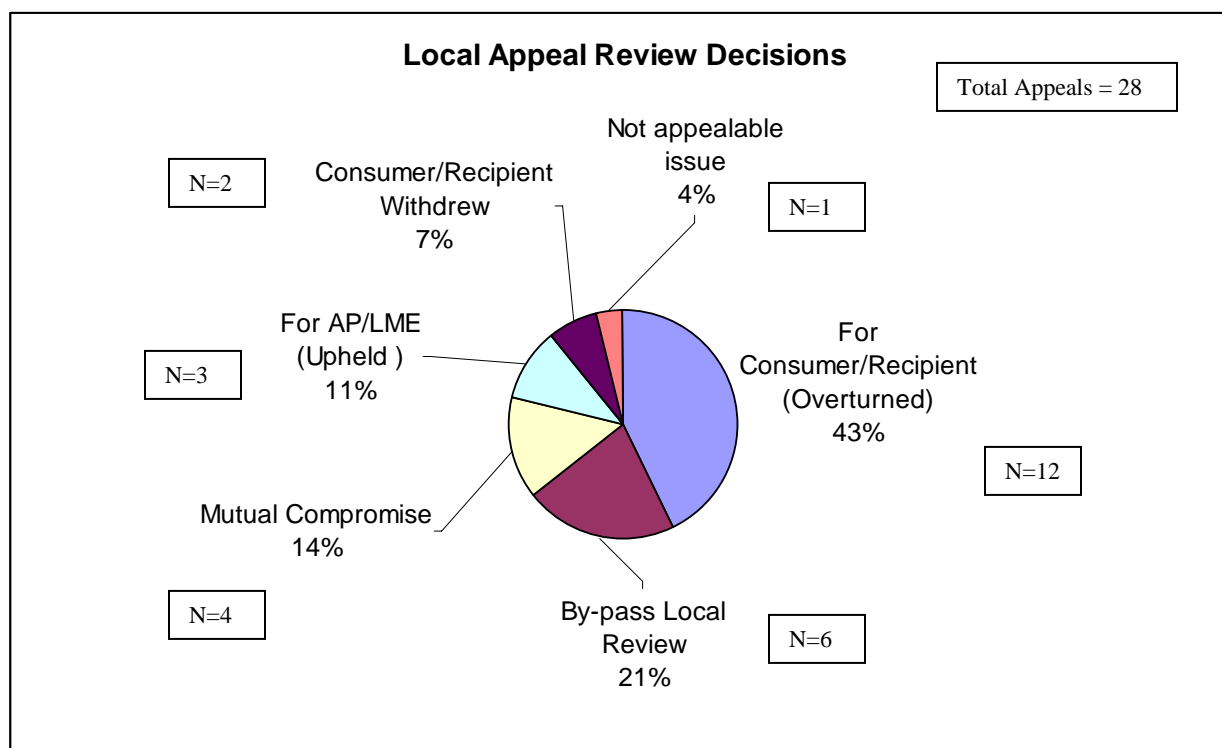


Table 21 and Figure 16 show the specific sources of the appeals. Only a Medicaid recipient or his/her legal guardian has the legal right to file a Medicaid Appeal according to Federal law (42 CFR 431. Sub-Part E). Note that 21 out of 28 appeals (75 percent) are initiated by a Guardian other than the Division of Social Services. Three appeals were filed directly by the consumer. As guardian, the Division of Social Services filed four appeals (14 percent).

**Table 22 - All AP/LME Local Review Decisions (October to December 2004)**

<b>AP/LME Decision</b>	<b>Total</b>	<b>% of Totals</b>
For Consumer/Recipient (Overturned)	12	43%
By-pass Local Review	6	21%
Mutual Compromise	4	14%
For AP/LME (Upheld )	3	11%
Consumer/Recipient Withdrew	2	7%
Not appealable issue	1	4%
<b>Total</b>	<b>28</b>	<b>100%</b>

**Figure 17 - All AP/LME Local Review Decisions (October to December 2004)**

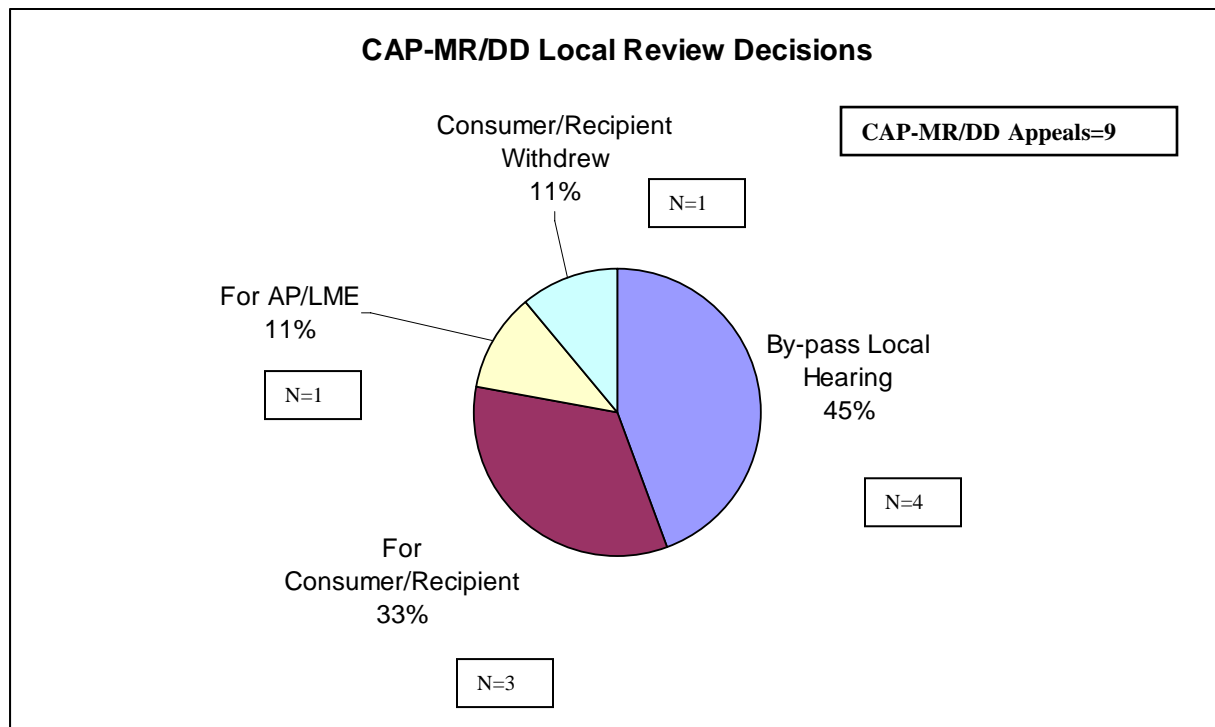


*AP/LME Local Review Decisions:* Table 22 and Figure 17 show the local AP/LME review decisions for all appeals from July to September 2004. Of the 28 appeals filed, local decisions were rendered for 21 appeals. Six of the 28 appellants (21percent) by-passed the local review for a DMH/DD/SAS hearing and one appeal did not meet legal standard. Local reviews overturned the original decision and ruled in favor of the consumer/appellant in 43 percent of the reported total. The AP/LME local reviews upheld the original decision in 11 percent of the reported total appeals. The AP/LME local reviews found a mutual decision in which the AP/LME and the appellant compromised in four (14 percent) of the reported total, and two consumers/appellants (seven percent) withdrew their appeals.

**Table 23 – CAP-MR/DD Local AP/LME Review Decisions (October to December 2004)**

<b>AP/LME Decision on CAP-MR Appeals</b>	<b>Total</b>	<b>% of Total</b>
By-pass Local Hearing	4	45%
For Consumer/Recipient	3	33%
For AP/LME	1	11%
Consumer/Recipient Withdrew	1	11%
<b>Total</b>	<b>9</b>	<b>100%</b>

**Figure 18 - CAP-MR/DD Local AP/LME Review Decisions (October to December 2004)**



***CAP/MR-DD Local Decisions:*** Table 23 and Figure 18 show the sub-set of appeals filed by CAP-MR/DD Waiver recipients. Four consumers/appellants by-passed the local review and requested a direct DMH/DD/SAS hearing. The AP/LME local reviews were in favor of the consumer/appellant in three cases (33 percent) of the reported total and the AP/LME upheld the original decision in one case (11 percent) of the reported total. The AP/LME local reviews also found a mutual decision in which the AP/LME and the appellant compromised in one case (11 percent) of the reported total.

## DMH/DD/SAS Requested State Medicaid Appeal Hearings

**Table 24 - All DMH/DD/SAS Requested Hearings**

<b>DMH/DD/SAS Hearing</b>	<b>Total</b>	<b>% of Total</b>
Consumer/Recipient Withdrew	22	78%
For AP/LME (Upheld)	3	10%
For Consumer/Recipient	1	4%
Abandoned Hearing	1	4%
Not appealable issue	1	4%
<b>Total</b>	<b>28</b>	<b>100%</b>

**Figure 19 - DMH/DD/SAS Scheduled Hearings (October to December 2004)**

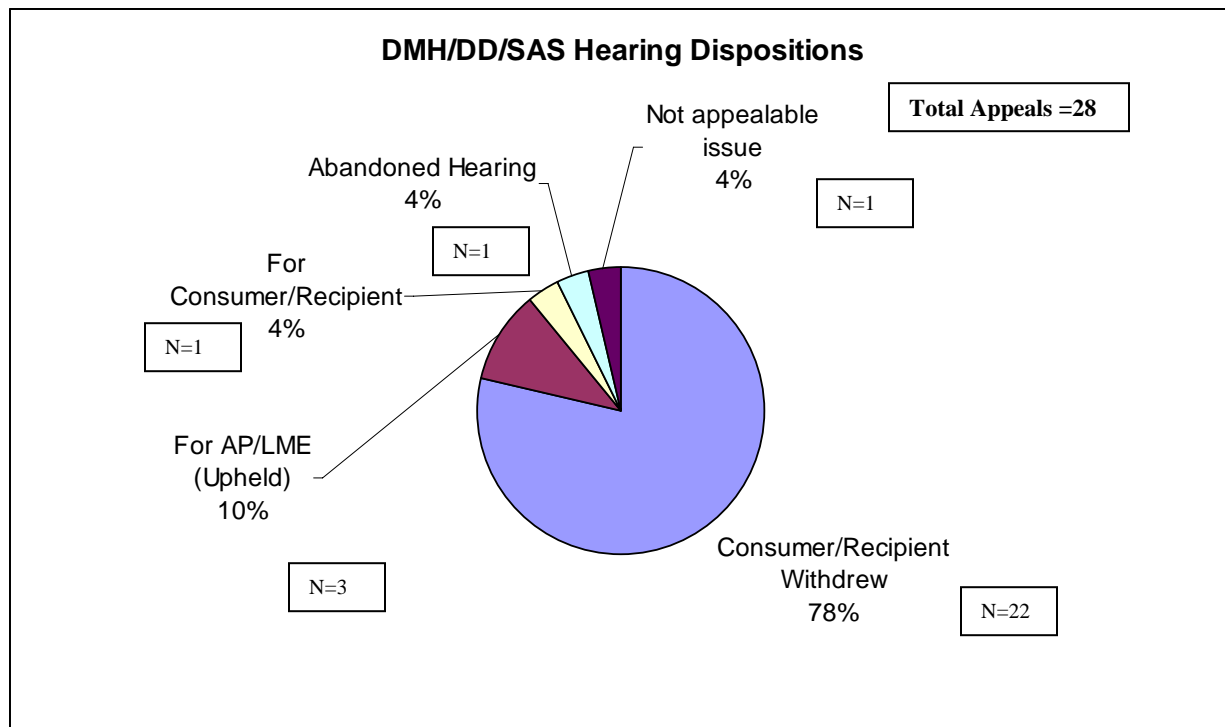


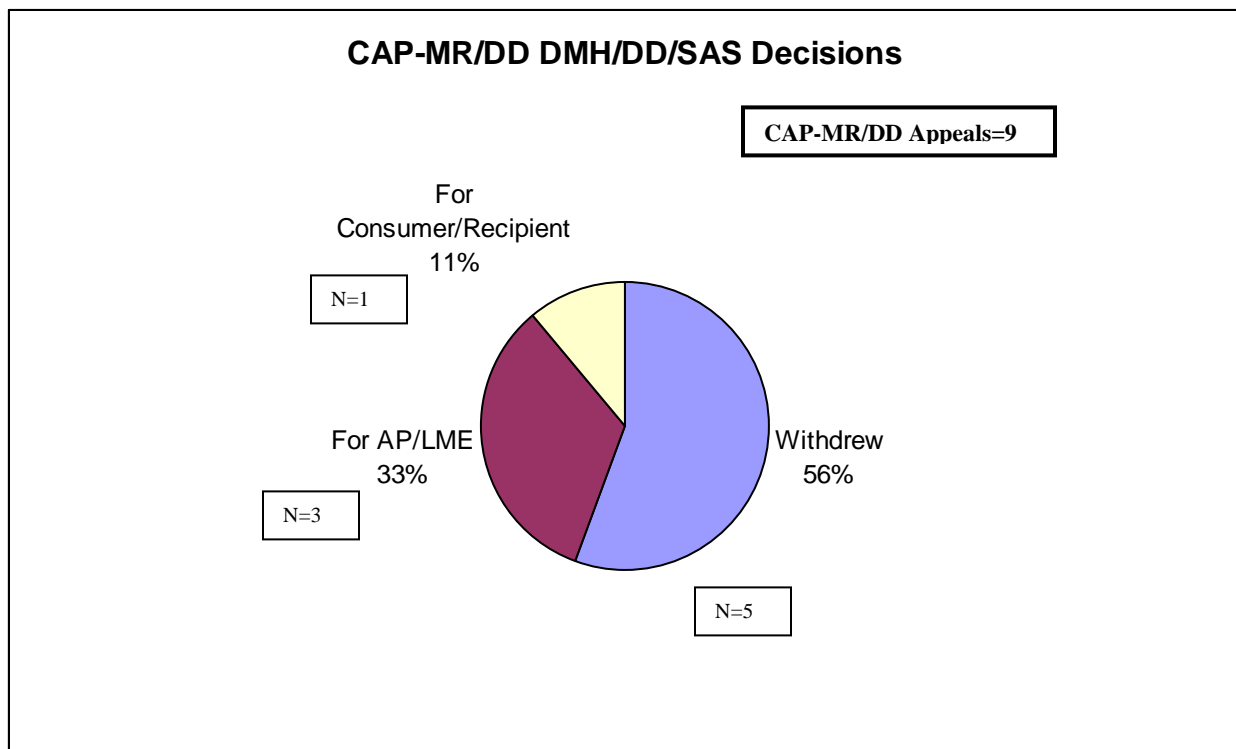
Table 24 and Figure 19 show information for the 28 appellants that requested a State hearing by the Division Affairs Team of the Operations Support Section of DMH/DD/SAS during this period. Twenty-two of the 28 (78 percent) hearing requests were withdrawn prior to the scheduled hearings because they were resolved locally. The DMH/DD/SAS hearing officers ruled in favor of the consumer/recipient and overturned the decision of the AP/LME in one of the six hearings held and the hearing officer upheld the AP/LME's local review decision in three of the six hearings convened. One DMH/DD/SAS hearing was scheduled and the family did not appear for the hearing, therefore, it is considered to be an abandoned hearing. One of the filed appeals did not meet the criteria in order to be a Medicaid appeal and the family was informed of the complaint procedure at the AP/LME.



**Table 25 – CAP-MR/DD DMH/DD/SAS Hearing Decisions (October to December 2004)**

<b>DMH/DD/SAS Decision on CAP-MR/ DD Appeals</b>	<b>Total</b>	<b>% of Total</b>
Withdrew	5	56%
For AP/LME	3	33%
For Consumer/Recipient	1	11%
<b>Total</b>	<b>9</b>	<b>100%</b>

**Figure 20– CAP-MR/DD DMH/DD/SAS Hearing Decisions (October to December 2004)**



*CAP/MR-DD DMH/DD/SAS Decisions:* Table 25 and Figure 20 show the sub-set of appeals by CAP-MR/DD Waiver recipients. All nine hearings convened during this period involved CAP-MR/DD appeals. Five of the DMH/DD/SAS hearing requests were withdrawn (56 percent) by the consumer/recipient or legally responsible person and addressed locally. The DMH/DD/SAS hearing officer ruled in favor of the consumer/recipient in one of the hearings (11 percent) and upheld the AP/LME decision in three of the CAP-MR/DD hearings (33 percent) filed with DMH/DD/SAS.

## MEDICAID APPEALS FILED TO THE OFFICE OF ADMINISTRATIVE HEARINGS (OAH)

**Appeals Filed:** Medicaid recipients have the legal right to appeal directly to OAH and by-pass the DMH/DD/SAS appeal system or appeal to OAH at any time after they have appealed to DMH/DD/SAS. A total of 15 appeals were under review by the OAH during the October to December 2004 period. No new petitions were filed to OAH during this period and 13 hearings were still pending. Two OAH decisions overturned the AP/LME decision in favor of the consumer/recipient, and one OAH decision upheld the decision of the AP/LME.

**Table 26 - Office of Administrative Hearing in Process (October to December 2004)**

<b>Appeals Filed</b>	<b>Total</b>	<b>% of Total</b>
MH/DD/SAS (Regular Medicaid) Appeals	9	60%
CAP-MR/DD Appeals	6	40%
<b>Total</b>	<b>15</b>	<b>100%</b>

**Figure 21 - Office of Administrative Hearing in Process (October to December 2004)**

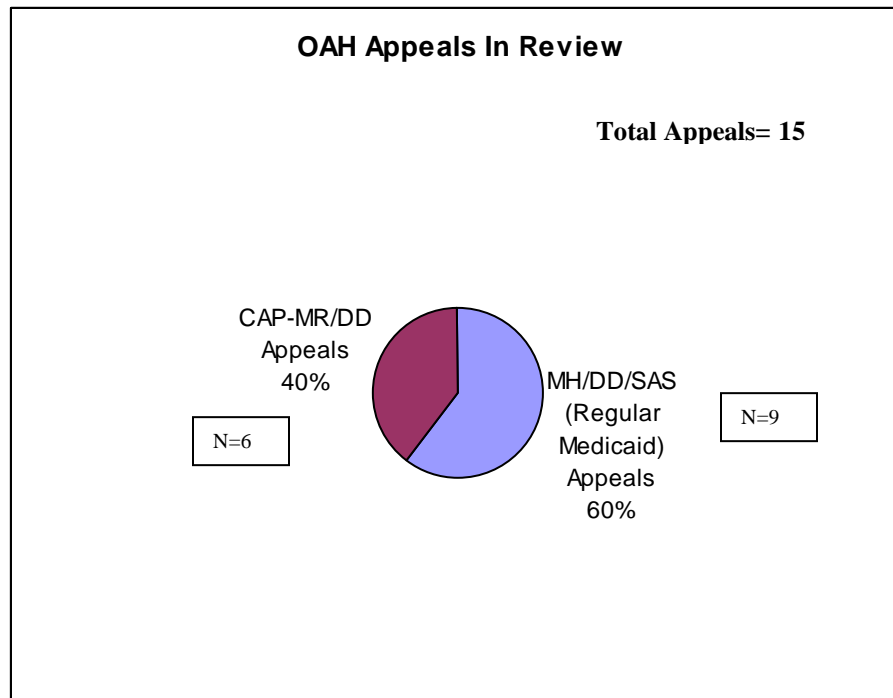


Table 26 and Figure 21 refer to both recipients of the CAP-MR/DD waiver and MH/DD/SAS Medicaid recipients who are not included in the waiver. Six of the 15 appeals (40 percent) involved CAP-MR/DD recipients and nine appeals (60 percent) involved MH/DD/SAS Medicaid recipients who are not recipients of the CAP-MR/DD waiver. Neither of the two cases which were closed by OAH from October to December 2004 involved CAP-MR/DD recipients.

## **CUSTOMER SERVICE AND CONSUMER RIGHTS TEAM CURRENT DEVELOPMENTS**

- 1) The volume of total new cases filed to the DMH/DD/SAS Customer Service and Community Rights Team and the responses to cases are increasing significantly. Cases are addressed quickly through DMH/DD/SAS and/or APs/LMEs. Investigations are quickly initiated in collaboration with other investigation agencies, such as APs/LMEs, Division of Facility Services and local Departments of Social Services.
- 2) The number of investigations has increased and the majority of cases involve multiple issues. As a result, the majority of cases require a very large amount of time and collaboration between many agencies.
- 3) The Customer Service Form, which was developed through joint collaboration with representatives from the Customer Service and Consumer Rights offices of the APs/LMEs, the NC Council of Community Programs and DMH/DD/SAS, is currently being used to collect data from the calls, e-mails, and letters received by local Customer Services and Consumer Rights offices. A Quarterly Complaint Trend Report is also being developed in order to analyze and report the trends found at both the local and State level. This process is one aspect of a broad approach to ensure rights protections and complaint analyses throughout the public system.
- 4) A training curriculum for Customer Service and Consumer Rights offices is being developed. This curriculum will be available on CD and can be used as a training tool for Customer Service and Consumer Rights office staff, LME staff, providers, Client Rights Committees, Consumer and Family Advisory Committees, Governing Boards, consumers, family members and any other persons interested in consumer rights and empowerment issues.
- 5) The DMH/DD/SAS Customer Service and Consumer Rights Team is available to work with APs/LME in providing technical assistance to Customer Service offices and Client Rights Committees.